

SCWCC COVERAGE CODING SHEET FOR ATTORNEYS

Today's Date: _____

Claimant's name: _____

SSN: _____ Date of Accident/Loss: _____

Employer: _____

Insured Name: _____
(if different from Employer)

Insurance Carrier:

Name: _____

Address: _____

Phone #: _____

Carrier Code #:		<input type="text"/>
FEIN:		<input type="text"/>
Policy Number:	_____	
Policy Effective Dates:	_____	
Coverage verified by:	_____	

Check here if no coverage found: ☐

Attach a copy to all Letters of Representation and/or Forms 50/52
filed with the Commission & Carrier, until a WCC# is established.

Employer insurance coverage information can be obtained through our website, wcc.sc.gov, or by calling the
Commission's Coverage Division at (803) 737-5708.